□ DUPLICATE

Address to: Commissioner of Patents
P.O. Box 1450

Alexandria, VA 22313-1450

Attorney Docket No.:	YUCH3018D/WKP
First Named Inventor:	Ching-I YU et al.
Total Pages:	

This requests a □ Continuation or ☒ Divisional application under 37 CFR 1.53(b) of prior application:								
	Appl. No.:	10/238,730	Group Art Unit:	1762				
	Filed on:	September 11, 2002	Examiner:	Katherine A. BAREFORD				
	Entitled:	RESIN COATED CARRIER FABRI FOR THE FABRICATION	ICATION METHOD	AND THE RELATED APPARATUS				
⊠ 1.	The entire	e disclosure of the pending, prior	application is herel	by incorporated by reference.				
□ <b>2</b> .	Submitted herewith is a copy of the complete prior application as filed.							
□ 3.	This application is filed by fewer than all the inventors named in the prior nonprovisional application, 37 CFR 1.53(b)(1). <b>DELETE</b> the following inventor(s):							
⊠ 4.	4. Submitted herewith is a copy of the signed Oath/Declaration from the prior application.							
⊠ 5.	. Small entity status is claimed.							
⊠ 6.	A One	month Petition for Extension of 1	Time is filed concur	rently in the prior application.				
⊠ 7.	. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.							
⊠ 8.	A check in the amount of \$ <u>385.00</u> is submitted herewith.							
⊠ 9.		fore the first sentence of the speci sional application serial number		pplication is a Division of d September 11, 2002				
□ 10		this application original claims At least one independent claim is re-		or application before calculating the				
⊠ 11	. The prior	application is assigned of record	to: <u>ULTRATERA</u>	CORPORATION .				
□ 12		claimed based on each foreign appli ach was filed in U.S. application numl						
⊠ 13	. A Prelimi	nary Amendment is enclosed.						
⊠ 14	. Submitte	d herewith is an Application Data	Sheet.					
⊠ 15	. Other: <u> </u>	nformation Disclosure Statement		·				

THE FILING	Basic Fee:	\$770.00				
Total	Claims:	14	- 20 =	0	X \$18 =	0
Independent	Claims:	1	- 3=	0	X \$43 =	0
2	Multiple Dependent Claim (\$290.00):					
Customer Number				Subtotal:		770.00
	50% Reduction if Small Entity Status:		385.00			
Phone: 703-683-0500		Fax: 703-683-1080		Total:		385.00
Date:		Name:		// Sigr	pature:	Reg. No.
April 23, 2004	WONKI K. PARK		11-11	The	38,991	